

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

11 CIV. 2201

Mr. Tamale Harris, D.

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

(Trooper.)

Mr. Williams M. Suchocky

(Trooper.)

Mr. S. A. Lyons

(Trooper.)

Officer John Doe #1 - 3 to 11 pm.

(Trooper.)

Officer John Doe #2 - 3 to 11 pm

Jan 17, 2011

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Tamale, D. Harris

ID #

000083812

Current Institution

Rock Land County

Address

53 New Hempstead Rd.

New City, N.Y. 10956

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983

(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No

(check one)

Defendant No. 1 Name Mr. Williams, m. Suchocky Shield # 4684  
 Where Currently Employed Trooper T.  
 Address 333 South Broadway  
Tarry Town, N.Y. 10951

Defendant No. 2 Name Mr. S. A. Lyons Shield # (Don't-know)  
 Where Currently Employed SP TARRY TOWN  
 Address 333 South Broadway  
TARRY TOWN, N.Y. 10951

Defendant No. 3 Name Officer John Doe #1 Shield # (D-K)  
 Where Currently Employed Trooper T  
 Address 333 South Broadway  
Tarry Town, N.Y. 10951  
3 to 11 pm. shift - Jan' 17, 2011

Defendant No. 4 Name Officer John Doe #2 Shield # (D-K)  
 Where Currently Employed Trooper T  
 Address 333 South Broadway  
Tarry Town, N.Y. 10951  
3 to 11 pm shift - Jan' 17, 2011

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? IN No institution was this action occur..

B. Where in the institution did the events giving rise to your claim(s) occur? \_\_\_\_\_

C. What date and approximate time did the events giving rise to your claim(s) occur? on the 17<sup>th</sup> day of January, 2011 at 9:35 pm..

D. Facts: While under arrest and in custody I  
received multiple punches and kicks to my  
body and face. Furthermore I was hit with a  
flashlight several times to my back and my  
rear head.

Officer Lyons, hammered me with his flashlight  
(to the back of my head) while officer Suchocky  
punched me in my face. Also officer Suchocky was  
raising my handcuff arms to my shoulders, while  
officers John Doe (1) and John Doe (2) kicked me, pepper sprayed  
me, and punch me to my body.

Officers John Doe #1 and  
Officer John Doe #2 of 3 to 11 pm. shift  
Jan 17, 2011

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

Ms. S. Campbell

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I received eight (8) staples in the  
back of my head. INflammatory pain in Right shoulder.  
Scars and swollen burises to the face, Lips and  
wrist.

I am currently on medication for the above  
injuries. I am presently waiting results from a (Mra)  
cat scan and X-rays on my shoulder.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No ☒ \_\_\_\_\_

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). \_\_\_\_\_

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_\_ No ☒ \_\_\_\_\_ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No ☒ \_\_\_\_\_ Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_\_ No ☒ \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No ☒ \_\_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance? \_\_\_\_\_

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

Event did not occur in an  
Facility.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: \_\_\_\_\_

I did not inform any officials due  
to my safety and current confinement.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

I am currently waiting for pictures taken  
by investigator and X-rays by Medical doctor.

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \_\_\_\_\_

To hold these officers  
accountable for what they did to me, it is  
Police Brutality. Furthermore it won't be done  
to anybody else. In the amount of compensation  
I hereby seek Three Million Dollars (\$3,000,000).

**VI. Previous lawsuits:**On  
these  
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff (none.)

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this 21 day of march, 2011.

Signature of Plaintiff

Tamale D. Harris

Inmate Number

0000 83812

Institution Address

53 New Hempstead Rd  
New City, N.Y. 10956

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 21 day of march, 2011, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Tamale D Harris